

Notice: Information requested on this form is required to apply for a wildlife rehabilitation license under s. 169.24, Wis. Stats., and subchapter II of NR 19, Wis. Adm. Code. A license is required for wildlife rehabilitation. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The department may also provide this information to requestors pursuant to Wisconsin's Open Records laws, ss.19.31 to 19.39, Wis. Stats. A social security number or federal employer identification number is REQUIRED when applying for licenses according to s. 169.34, Wis. Stats., but it may not be disclosed by the department to anyone except the Department of Workforce Development or the Department of Revenue.

Basic License Requirements

1. Submit a signed Consulting Veterinarian Agreement, Form 2300-298A.
2. Submit a signed Wildlife Rehabilitation Sponsor Agreement, Form 2300-298B, stating that an advanced licensee is willing to serve as a sponsor and mentor the applicant's wildlife rehabilitation activities.
3. Pass a written examination on wildlife rehabilitation, administered by the Department.
4. Meet facility requirements specified in s. NR 19.77, Wis. Adm. Code and consent to an inspection of the facility per s. 169.37, Wis. Stats. and NR 19.76, Wis. Adm. Code.

Advanced License Requirements

1. Submit a basic evaluation form signed by an advanced licensee sponsor. The evaluation shall state that:

- The applicant has been a licensed basic rehabilitator for a minimum of 2 years.
- The applicant has satisfactorily engaged in the practice of wildlife rehabilitation.

Note: To create an initial advanced license and sponsor group, the following conditions may apply.

- Persons applying for an advanced license may substitute 4 or more years of wildlife rehabilitation experience and qualifications for the requirement of having been a basic licensee for a minimum of 2 years.
 - Initial advanced license group may be exempted from the sponsorship approval requirement.
2. Submit a signed Consulting Veterinarian Agreement, Form 2300-298A.
 3. Pass a written examination on wildlife rehabilitation, administered by the Department.
 4. Meet facility requirements specified in s. NR 19.77, Wis. Adm. Code and consent to an inspection of the facility per s. 169.37, Wis. Stats. and NR 19.76, Wis. Adm. Code.

Basic: ☐ New ☐ Renewal

Advanced: ☐ New ☐ Renewal

Applicant Information

Name		Date of Birth	
Home Address		Social Security No. / Federal Employer ID No.	
County	City	State	ZIP Code
Day Telephone Number	Evening Telephone Number	E-Mail Address	

Facility Information (if different from home address)

Facility Name			
Facility Address			
County	City	State	ZIP Code
Day Telephone Number	Evening Telephone Number	E-Mail Address	

Wildlife Rehabilitation License Application

Form 2300-298 (R 3/04)

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Wildlife Rehabilitation Permit Information

Have you ever possessed a WDNR Wildlife Rehabilitation Permit?

☐ Yes ☐ No If yes, WDNR Wildlife Rehabilitation Permit #: _____ Year Issued: _____

Have you ever, or do you currently possess a Wildlife Rehabilitation License or Permit from another state?

☐ Yes ☐ No If yes, State: _____ License or Permit #: _____ Effective Dates: _____

Do you currently possess a U.S. Fish and Wildlife Service migratory bird rehabilitation permit?

☐ Yes ☐ No If yes, Permit #: _____ Expiration Date: _____

What species does it cover?

Check all species categories you intend to rehabilitate at your facility.

- **Note:** It is illegal to rehabilitate skunks in Wisconsin due to the threat of rabies.

<input type="checkbox"/> Opossum	<input type="checkbox"/> Hoofed	<input type="checkbox"/> Long-legged Wader
<input type="checkbox"/> Insectivore	<input type="checkbox"/> Reptile	<input type="checkbox"/> Other Waterbirds
<input type="checkbox"/> Rodent/Rabbit	<input type="checkbox"/> Amphibian	<input type="checkbox"/> Eagle
<input type="checkbox"/> Large Carnivores (wolf, bear, coyote)	<input type="checkbox"/> Passerine	<input type="checkbox"/> Raptor
<input type="checkbox"/> Raccoon	<input type="checkbox"/> Waterfowl	<input type="checkbox"/> Upland Bird
<input type="checkbox"/> Other Carnivore	<input type="checkbox"/> Short-legged Wader	<input type="checkbox"/> Other Birds, specify: _____

What, if any, species will you NOT handle? Are there species in the categories you checked that you won't handle?

Check all stages of rehabilitation that will apply to your rehabilitation activities

Mammals

<input type="checkbox"/> Capture	<input type="checkbox"/> First Aid and Triage	<input type="checkbox"/> Convalescent Care
<input type="checkbox"/> Transport Service	<input type="checkbox"/> Infant Care	<input type="checkbox"/> Pre-release Conditioning
<input type="checkbox"/> Stabilization and Transfer	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Release

Birds

<input type="checkbox"/> Capture	<input type="checkbox"/> First Aid and Triage	<input type="checkbox"/> Convalescent Care
<input type="checkbox"/> Transport Service	<input type="checkbox"/> Infant Care	<input type="checkbox"/> Pre-release Conditioning
<input type="checkbox"/> Stabilization and Transfer	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Release

Amphibians/Reptiles

<input type="checkbox"/> Capture	<input type="checkbox"/> First Aid and Triage	<input type="checkbox"/> Convalescent Care
<input type="checkbox"/> Transport Service	<input type="checkbox"/> Infant Care	<input type="checkbox"/> Pre-release Conditioning
<input type="checkbox"/> Stabilization and Transfer	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Release

Other Services

<input type="checkbox"/> Wildlife Rehabilitation Training	<input type="checkbox"/> Public Education Programs
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Other, describe:

Check other permitted activities that apply to you

<input type="checkbox"/> Federal Education Permit	<input type="checkbox"/> Falconry Permit	<input type="checkbox"/> Captive Wild Animal Farm License
<input type="checkbox"/> State Scientific Collector Permit	<input type="checkbox"/> Federal Scientific Collector Permit	<input type="checkbox"/> Wild Fur Farm License
<input type="checkbox"/> State Scientific Research License	<input type="checkbox"/> Federal Bird Banding Permit	<input type="checkbox"/> DATCP Farm-raised Deer Registration
<input type="checkbox"/> State Endangered & Threatened Species Permit	<input type="checkbox"/> Other: _____	

Wildlife Rehabilitation Facility Information

Check all that apply.

- ☐ NEW Basic License Applicant
- ☐ Rehabilitator who has made significant modifications to rehabilitation facilities

Wildlife Rehabilitators are required to allow an inspection of facilities to assure that those facilities meet the requirements of s. NR 19.77 Wis. Adm. Code. Wildlife Rehabilitation Facility Inspection, Form 2300-299 details inspection standards.

Required Attachments**Consulting Veterinarian Agreement - All applicants**

The Wildlife Rehabilitation Rule requires that each applicant work with a Consulting Veterinarian.
Attach completed Consulting Veterinarian Agreement, Form 2300-298A, signed by the Consulting Veterinarian.

Wildlife Rehabilitation Sponsor Agreement - All NEW Applicants

The Wildlife Rehabilitation Rule requires that each new Applicant have an Advanced Wildlife Rehabilitator Licensee Sponsor.
Attach completed Sponsor Agreement, Form 2300-298B. See Note on Page 1 regarding exemptions.

Summary of Wildlife Rehabilitator Qualifications - All NEW applicants for Basic or Advanced license:

Basic and advanced NEW applicants are required to provide a separate attachment describing qualifications to be a wildlife rehabilitator. Include the following information:

1. Education or training you have had in Biology, Ecology, Zoology, Natural Resources, Wildlife Management, Conservation, Animal Husbandry, Veterinary or Medical Science, Animal Behavior, or other related fields.
2. Formal wildlife rehabilitation training you have received or wildlife rehabilitation seminars or symposia you have attended.
3. Previous experience with animal handling, husbandry, initial case evaluation, and treatments administered that would be beneficial as a wildlife rehabilitator.
4. Reference materials (books, manuals, journals, periodicals, websites, etc.) available to you that pertain to wildlife rehabilitation.
5. Identify types of wildlife species about which you are knowledgeable and that you have experience handling.
6. What do you intend to do with non-releasable wildlife?
7. Describe wildlife release sites you have available (include county, state and federal properties) and indicate if you have landowner permission for these sites.

Certification - ALL applicants and renewals

I have read and understand the Wildlife Rehabilitation Rule (provided in the Information Guide and on the department's webpage), and certify that the information I have provided is correct to the best of my knowledge. I agree to comply with all sections of the Rule. Upon WDNR approval of this application, I understand that as a licensed wildlife rehabilitator, my name, facility address and phone number will be provided to public individuals who may need assistance with orphaned, injured or sick wildlife.

Applicant Signature	Date Signed
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DNR Use Only**WDNR Approvals:**

Chief, Public Service & User Section Signature	Date Signed
Wildlife Veterinarian Signature	Date Signed